

## MOTOR VEHICLE GLASS REPAIR SHOP REGISTRATION APPLICATION

This registration is valid for a three (3) year period beginning **June 1st to May 31st**. The registration fee is **\$450.00**. The forms of payment accepted are personal, business or bank checks, and money order. Make check or money order payable to: **Commonwealth of Massachusetts**.

NOTE: You may also register online to pay with a credit/debit card or electronic check at www.mass.gov/standards

CHECKLIST:		
		y two (2) individuals who are either: registered motor the Massachusetts Bar. Individuals must not be two (2) of
	tter is required, the original bond or letter must ac	of \$10,000 must be on file with the Division of Standards company this application in accordance with the
Are you renewing your regis	stration? Yes No If yes, please provide	e your registration number:
Are the public areas of the fa	acility for which you are applying for registration	accessible to persons with disabilities? Yes \( \square\) No \( \square\)
Business Name:		
Business Address:	City/Town:	Zip Code:
Fed. Tax ID#	SSN#:	
Sales Tax#:	Phone#: _	
Email Address:		_
Do you use a mobile service	e van? Yes No If yes, Vehicle Reg#	#:
If applicant is a firm, part	nership, association or corporation, the following	ng must be completed.
Name:	Address:	Title:
Name:	Address:	Title:
Name:	Address:	Title:
Name of Person in Charge:		
The name and residences ( this registrations are as fol		ancial interest in the business to be conducted under
Name:	Address:	
Name:	Address:	
Name:	Address:	

Have there been any formal complaints against you and/or any person listed above where disciplinary action was taken by the Division of Standards or any court judgment was issued against you? If so, please give details below.		
Have you and/or any person listed above been charged with, in the last twelve (12) months in any state or jurisdiction? If so, gi number, the court, disposition, and whether the matter is still p	ve details below, including but not limited to the docket	
Have you and/or any person listed above been a party in any padministrative agency involving fraud, deceit or misrepresenta docket number, where the matter is pending, whether the case	tion? If so, give details below, including but not limited to the	
Have you and/or any person listed above, or any motor vehicle had a direct or indirect financial interest, had a previous applies suspended or revoked by any municipal, state, or federal agence.	cation for registration denied or a certificate or registration	
	ties of perjury that I have complied with all laws of the ontractors, and withholding and remitting of child support, that and that all statements contained in this application, to the best	
Print Name		
Signature of Applicant	Date	
If applicant is a firm, partnership, association, or corporation:		
Print Name and Title of Authorized Officer		
Signature of Authorized Officer	Date	